

Let's Talk About Sex

2019/20



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All the views, opinions and statements made in this report are those of the public who participated in our research. This report analyses the data collected with regard to sexual health, healthy relationships and the subsequent consequences. It also examines the individual's products and services available to them.

This perception may not fully reflect the work being carried out in the local area. Never the less it is the perception of participants whose information Healthwatch East Riding of Yorkshire have collected.

About Healthwatch East Riding of Yorkshire



About Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire (HWERY) are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

HWERY have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Introduction

This report documents the findings of research, which took place from during the last school year, which examined young people's attitudes to issues relating to sexual health, and their experiences of sexual health services. Schools and Colleges in the East Riding of Yorkshire were invited to take part in the study which comprised of a workshop entitled 'Let's Talk About Sex'. HWERY also created a survey collecting information and opinions about sexual health services and performed additional outreach outside of educational settings to young people across the East Riding.

Why This Subject

Healthwatch East Riding of Yorkshire champions the voice of all local people on health and social care services, and the voice of young people should equally be heard.

Whilst engaging with children and young people over the last year we have received a number of concerns regarding the accessibility of sexual health services across the East Riding of Yorkshire. These were mostly from young people living in rural areas of the East Riding of Yorkshire.

'If I can't make it to one of the drop-in sessions I have to travel to Hull to see someone'

'The two services are based in Hull, and although they deliver drop-ins at various places in the East Riding they are not entirely confidential. They offered me a home visit but I didn't want my parents to find out about it'

It has also become apparent of late that healthy relationships, sexting and pornography are a big focus in the media. TV Programmes aimed towards young people such as Love Island, Geordie Shore and Orange Is The New Black as well as images on social media sites such as Facebook and Instagram often highlight relationships, glorify both male and female bodies and have nudity or half naked imagery. For this reason we also wanted to use the opportunity of this research to explore younger people's wider attitudes towards relationships and sexual health.

Approach/Methodology

In order to ensure that our research was appropriately targeted and a broad representation of views were received, we undertook the following methods to gather information:

Meeting with Conifer

Conifer is the Sexual Health and Reproductive Healthcare Service commissioned for both East Riding of Yorkshire and Hull. Prior to delivering the workshops, HWERY had a meeting with Conifer to get an understanding of the service they provide, inform them why we would be carrying out the work and ask them to assist in the design of our survey and workshop. This was to make sure there was no duplication between sessions they provide and the workshop we would deliver as part of the project, and to make sure we gathered information that would help them to identify areas to improve their service.

Workshop delivery

We decided to approach our engagement with workshops as we thought it would best give the young people the opportunity to have frank and honest conversations and also take a little time to explore their thoughts.

In order to ensure the young people actively participated, the workshops were made as interactive and interesting as possible. It was made clear at the start of the session that the students should not use names when discussing events and that each other's opinions should be respected. The workshops lasted between 50 minutes to an hour long. Some workshops differed slightly depending on class size.

At the start of each workshop we asked the students to complete our survey to determine their views and experiences of some of the areas covered in the workshop and their experiences of using existing sexual health services, if applicable.

The workshops were split into five sections which consisted of the following:

- 1) Society's Views on Men and Women.
- 2) Consent.
- 3) Sexting.
- 4) Control and Abuse.
- 5) Pornography.

230 survey responses were captured during the 20 workshops delivered at Beverley and Bridlington colleges.

Supplied by Kay Brady, Enrichment Officer - East Riding College.

‘The workshops delivered by Healthwatch provided a springboard for discussion and raised awareness regarding tricky subjects such as sexual consent and healthy relationships. During the workshops I noticed a range of students effectively talking and thinking about what would normally be a ‘taboo’ subject. The delivery by Healthwatch East Riding was engaging and fun whilst being very informative and provided learners with up to date knowledge and legal information regarding relationships and consent. The sessions were broken up into a range of differentiated learning methods including group discussions, a quiz and a group drawing - this brought interest and engaged the learners really well. The Healthwatch sessions were booked up over the year which showed the huge interest and popularity across the curriculum with a range of Tutors and Learners keen to hear the Let’s Talk About Sex sessions.’

Engagement

We also asked children and young people to complete our survey when out engaging with the public and a further 123 surveys were completed. We targeted particular areas and events where we could get as wide a response as possible. Some of the events we attended to speak with children and young people were the Driffield Show, Tigers Trust NCS summer programme and Withernsea Carnival. We also used the East Riding Public Health Vehicle to host engagement events around the East Riding of Yorkshire.



Local Services

Local Services

Integrated Sexual and Reproductive Healthcare Service

Supplied by June Agius - Operational Manager, Conifer, CHCP

Conifer offer a wide range of services to meet individual's Sexual and Reproductive Healthcare requirements. All staff have a vast amount of knowledge and experience and offer a friendly, approachable and non-judgemental service.

CHCP offer friends and family test cards, giving people an opportunity to provide feedback from the care and experience they received. From April 2017 to March 2018 of the feedback received 94% of people would recommend CHCP services.

For people who require advice only, information can be found at their website conifersexhealth.co.uk. There is also a care co-ordinating team available for advice 24/7 on 01482 247111. Conifer offer a virtual clinic, accessible Monday, Wednesday and Thursday 6-8pm where individuals can have live chat with a health professional.

For those requesting testing, postal kits can be ordered online to test for Chlamydia and Gonorrhoea or blood spot testing for HIV and syphilis.

In the East Riding, Conifer delivers clinics at a range of locations including Market Weighton, Bridlington, Driffield, Hessle, Withernsea, Goole, Beverley, and Hornsea. All East Riding clinics are walk in services at present. The service aims to see individuals on the day but will offer alternative appointments or clinics if unable to do so.

A self-testing area is also available at Conifer in Hull where individuals can walk in for tests however staff are there to help and support if required.

Conifer based at Wilberforce Health Centre is open 6 days a week with a late night Monday.

Conifer are moving to a more managed walk in service in Hull at Conifer to reduce waiting times and soon we will be able to offer on line booking where individuals will be able to log on line, go through a self-triage process and if the service criteria is met, own appointments booked.

All clinics provide a full range of:

- Testing for sexual transmitted infections.
- Provision of contraception including long acting contraception such as the implant and coil.
- Treatment of sexual transmitted infections.
- Help, support and advice.
- Relationship advice.
- Help and support for individuals who have been sexually assaulted.
- Emergency contraception.
- Pregnancy testing and advice.
- HIV testing and support for those living with HIV.

Conifer also provide specialist services including:

- Specialist Menopause service (GP referral required)
- Male Sexual Dysfunction (GP referral required)
- Community Gynaecology (Self-referral via 01482 247111 or GP referral)
- Early Medical Abortion Service (247111, self-referral)
- Vasectomy- for Hull patients (GP referral required)

Conifer Sexual Health Outreach in the East Riding of Yorkshire

Supplied by Emma Barrand - Senior Sexual Health Nurse, Conifer, CHCP

The outreach service is a free, confidential, friendly and non-judgemental service for young people aged 13 - 19 years old. This service is aimed at engaging young people who wouldn't usually access mainstream clinics.

The goal of the outreach service is, wherever possible, to provide a one stop shop where the majority of needs can be met at each location by one health professional.

The outreach service is delivered in accessible locations with flexible working hours as appropriate, which take into account transportation.

At present outreach clients in the East Riding are seen within a variety of settings including but not exclusively:

- Residential environments and home visits
- Colleges and senior schools
- Looked after children facilities
- Drop in clinics at Bishop Burton College and Withernsea

Services available for young people include:

- Relationship Advice and Lifestyle Choices in Sexual Health
- Contraception including pills and long acting reversible methods e.g. implants and injections
- Referrals for contraceptive coil appointments (IUD/IUS)
- Contraceptive home visits following birth
- Emergency Contraception
- Free Condoms
- Pregnancy Testing and Referral to appropriate agencies
- Testing and advice on Sexually Transmitted Infections including HIV, Syphilis, Hepatitis, Chlamydia and Gonorrhoea
- General Advice and Support

All appointments are by visits to an agreed venue or home by contacting the Outreach Team.

The service also supports the reduction of conceptions to under 18's, those more vulnerable & higher risk groups; and reducing the stigma associated with sexual health issues and accessing services. In addition to the above, the outreach service provides regular sexual health talks in secondary schools and colleges across the East Riding, focusing on prevention and healthy relationships.

Results



healthwatch
East Riding of Yorkshire

Survey Results

230 survey responses were gathered during the course of the workshops, with a further 123 gathered through engagement. Below are the findings from all of the 353 surveys.

Q1. What is the first part of your post code?

YO25	ERY	18.75%	66
HU17	ERY	12.75%	45
HU16	ERY	10.48%	37
HU6	Hull	7.37%	26
YO15	ERY	5.95%	21
HU15	ERY	4.25%	15
HU13	ERY	3.40%	12
HU5	Hull	3.40%	12
YO14	ERY	3.12%	11
HU12	ERY	3.12%	11
HU7	Hull	2.83%	10
YO43	ERY	2.55%	9
HU3	Hull	2.27%	8
HU8	Hull	2.27%	8
HU10	ERY	1.98%	7
HU16	ERY	1.98%	7
HU18	ERY	1.98%	7
HU4	Hull	1.70%	6
HU9	Hull	1.42%	5
HU19	ERY	1.42%	5
YO42	ERY	1.13%	4
HU11	ERY	1.13%	4
YO12	NY	0.85%	3
YO11	NY	0.85%	3
HU14	ERY	0.85%	3
DN14	ERY	0.85%	3
Total			353

Below is a summary table of the post codes into area.

East Riding of Yorkshire	77.05%	272
Hull	21.24%	75
North Yorkshire	1.69%	6
Total		353

Q2. What is your age?

16 - 17	56.94%	201
18+	32.58%	115
13 and under	5.67%	20
14 - 15	4.82%	17
Total		353

Q3. What is your Gender?

Male	52.12	184
Female	47.31%	167
Other	0.57%	2
Total		353

Q4 How would you describe your sexuality?

Straight	88.67%	313
Gay	1.98%	7
Bisexual	6.80%	24
Other	2.55%	9
Total		353

Q5 How would you describe your ethnic origin?

White	95.47%	337
Black	1.70%	6
Asian	1.13%	4
Mixed Race	1.42%	5
Other (Please specify)	0.28%	1
Total		353

Q6 Do you consider yourself to have a disability?

No	85.27%	301
Yes	14.73%	52
Total		353

Q7 When you need to talk about sex or sexual activity who are you most likely to speak to?

Friends	45.33%	160
Parents or guardians	22.95%	81
I wouldn't feel comfortable speaking to anybody	15.86%	56
Consult the internet	6.80%	24
Brother or sister	4.25%	15
Other	3.12%	11
School Nurse	1.70%	6
Total		353

Q8 When you need relationship advice, who are you most likely to speak to?

Friends	60.34%	213
Parents or guardians	18.70%	66
I wouldn't feel comfortable speaking to anybody	7.08%	25
Brother or sister	6.52%	23
Consult the internet	4.82%	17
Other	1.98%	7
School nurse	0.57%	2
Total		353

Q9 Would you know where to go for condoms or other free contraception?

Yes (please state)	69.12%	244
Don't know	17.56%	62
No	13.31%	47
Total		353

Although the majority of respondents chose 'yes' to knowing where to go for free contraception, around a third didn't supply an answer specifying where. .. Although both men and women can get condoms for free at many locations around the East Riding such as sexual health clinics, service drop-in sessions and from their GP, there were still 63 respondents who stated locations where condoms must be paid for, for example shops, pharmacy or toilets.

A selection of the responses from those who chose 'Yes':



Q10 Would you know where to go for advice about sexually transmitted infections (STIs)?

Yes (please state)	64.02%	226
Don't know	23.23%	82
No	12.75%	45
Total		353

Like the previous question, the majority of participants selected 'yes' they knew where to go for advice about STIs however a large amount did not state where. From the responses we received the majority stated health services such as Conifer, Corner House or their GP, however there were 12 responses where individuals would consult the internet or Google.

Below is a word cloud from the responses from those who chose 'Yes':



Q11 Have you ever sent an explicit picture of yourself via text or social media etc?

No	71.67%	253
Yes	15.58%	55
Rather not say	12.75%	45
Total		353

Q12 Have you ever received an explicit picture via text or social media etc?

No	43.34%	153
Yes	41.36%	146
Rather not say	15.30%	54
Total		353

Q13 Do you know a friend who has sent an explicit picture to someone else?

Yes	55.24%	195
No	32.29%	114
Rather not say	12.46%	44
Total		353

Q14 Have you ever been exposed to pornography?

No	50.14%	177
Yes	37.96%	134
Rather not say	11.90%	42
Total		353



Q15 If you have ever used a sexual health service what would your feedback to them be?

- Good, helped with my concerns
- Good advice
- Would never use them
- It was good
- Good
- Unsure 50/50
- It was very good and service was very quick
- Good
- It was good
- OK
- Helpful
- Very good
- They weren't helpful
- Made me feel nervous
- Don't wish to leave my feedback
- Helpful and gave lots of choices
- They gave me different options to find the right thing for me
- Very helpful
- Good
- Got checked out - ok
- It was quite useful
- Good
- Good
- Really good. Was able to explain everything clearly.
- Very useful
- Useful
- It was useful
- Very good
- Very helpful
- Good
- Contraceptive injection from the doctors was very easy and quick. Felt comfortable.
- Good
- Unsure
- Understanding and supportive

- 10/10
- Contraception needs to be more accessible
- I went for contraception, it was good. Needs to be more accessible though.
- Helpful
- Good
- Saw my GP - very helpful and non-judgemental
- Gave me good information
- Gave useful information
- Useful information given
- Supportive
- Supportive. Everything was well explained
- Supportive
- Professional experience
- Good
- Should be more easily accessible
- Good
- Good and helpful - 8/10
- It was fine - it was dull though!
- Helpful
- Very good. Always reliable.
- Friendly but can be a daunting experience
- Good
- Unsure
- It was OK.
- Positive and helpful
- Not used - Always been careful
- Informative and Helpful
- Insulting
- Was ok
- Helpful
- Informal & Helpful
- Helpful
- The pill from GP - Good

Q16 Do you have any views or ideas that you wish to share regarding the areas we have talked about today?

- It should be more public rather than an embarrassing taboo
- Too Stigmatised
- There should be more information about condoms and STIs available for younger people
- Should be more places to go
- Should be spoken about more in schools
- I think that sex between non straight people should be talked about more
- Better understanding of where to go
- Don't be scared to say no
- I wish that more people had access to sexual health services
- Could learn more in school about these things
- Too much confusion for right service to use
- Talking about love life options should be involved in social health.
- Everything was covered
- It was helpful
- Very helpful

- No, everything was covered and spoken about
- I have a better understanding now.
- Very informative
- I learnt a lot I didn't know
- Tea video was good. Good colourful PowerPoint.
- Informative
- Very interesting
- Relevant to the group. Some information points to consider.
- Good information about where to go, e.g. sexual health clinic
- No, everything was covered
- Everything was provided well and all questions were answered
- Learnt a lot and gained good knowledge
- Learned a lot
- Not at this point. It was all good and down to earth.
- No - the talk was very useful
- Thank you, it was good information
- The session was very good, thank you

Q17 How did you find the classroom session today?

Very useful, I learned/contributed a lot	30.59%	108
Somewhat useful, I learned/contributed some things	33.71%	119
Not at all useful, I didn't learn or contribute anything	0.85%	3
Did not participate in the classroom workshop	34.84%	123
Total		353

Outcomes of Workshop Discussions

In addition to the survey, workshops entitled ‘Let’s Talk About Sex’ were held with students at schools and colleges across the East Riding, and were split in to five different sections to explore individual’s views on different elements of sexual health or behaviour.

The first section was entitled Society’s Views on Men and Women. We asked the young people what kind of images came into their minds when they thought about the “ideal man” and “ideal woman”. Individuals shouted out their thoughts for another student to draw what they had come up with. This was a fun icebreaker that also brought up some interesting conversations, with many students raising the negative health effects from extreme dieting, cosmetic surgery and taking steroids. Students also raised that as a result of peer pressure to ‘fit in’ and feel comfortable with their image, other health conditions had the potential to emerge such as poor mental health, eating disorders and body dysmorphia.

A lot of the young people told us about the peer pressure and/or social pressure within their peer groups to be having sex. A number of them said that when all of their friends are sexually active they start to question why they aren’t. Others said they questioned if they were attractive or not and that with such doubt having the potential to lead to body dysmorphia, anxiety, eating disorders, and in some cases to consider cosmetic surgery.

In terms of images that came to mind of the ‘ideal man or woman’, the same themes came up in most of the sessions. Men would be tall, short hair, muscular, blue or brown eyes, six pack and tattoos. Women would have long hair, nice lips or smile, blue or brown eyes with good lashes, slim, long legs, good breasts and a nice bum.



The second section explored the age of consent in the UK. When asked what the legal age of consent for sexual intercourse in the UK is, the majority of young people correctly stated 16, but there was also a number of young people who believed otherwise. Other answers given were 18, 15 and 20.

¹‘The age of consent to any form of sexual activity is 16 for both men and women. The age of consent is the same regardless of the gender or sexual orientation of a person and whether the sexual activity is between people of the same or different gender.’

The discussion also looked at legal age levels and how young people are still classed as minors until the age of 18 in the UK. The discussions briefly covered grooming and child sex exploitation, how relationships of significant age difference may be looked at by parents, teachers and the police and when people with responsibility take advantage of people in their care. When there is a large age gap and the younger is below the age of 18 questions may be asked. We showed a video called ²‘cup of tea and consent’ to help them get an understanding of consent. The main message in this video is never to act on assumptions and that consent needs to be given every time someone has sex, and it is not to be taken for granted that if someone has consented in the past it doesn’t mean they always consent.

Part three of the workshop explored “sexting”. This section involved asking the young people what they believed “sexting” is, any laws around it and potential consequences. The general consensus seemed to be that sexting is “sending nudes”. A definition published by the NSPCC was read out:

³‘Sexting is when someone shares sexual, naked, or semi-naked images or videos of themselves or others, or sends sexually explicit messages.’ They can be sent using mobiles, tablets, smartphones, laptops or any device which lets you share media and messages.

It was then discussed with the young people what the implications of sexting could be. Conversations included exposure, cyber bullying, future employers/universities being made aware of the pictures, as well as friends and family members.

Revenge porn was also discussed, as was the accompanying new law that was passed in 2015 which means that sharing a sext without the subject’s consent, in order to cause them distress, is illegal and the perpetrator can face legal action. It was pointed out that sharing such images can also result in third parties getting into trouble.

The young person who provided the following story gave us permission to share it anonymously as part of us delivering the workshop to highlight the possible consequences of sexting, for which we thank her.

¹ <https://www.fpa.org.uk/factsheets/law-on-sex>

² <https://www.youtube.com/watch?v=pZwvrXVavnQ&t=7s>

³ <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting/>

During an early workshop one young person told us their story about an ex-boyfriend sharing some images she had shared with him with a few of his friends, which they also shared and subsequently was shared around her school year group. This resulted in her being bullied, mocked, belittled and laughed at, which caused a lot of stress and anxiety as well as leading her to diet as she was concerned about her body. As a result of the behaviours of her peers she switched schools to avoid the bullying and embarrassment. A year later when she started at college she found herself around some of the same people who had bullied and mocked her because of the pictures and surprisingly they still had the images on their phones and began to share them again. The anxiety and stress began again as the same things happened, as well as the dieting but this time she also started to have thoughts about self-harm and other things she could do to improve her image. Luckily she went to her GP and got help for the mental health issues but unfortunately didn't want to take the matter of the image sharing further so went through college knowing this could happen again.

Control and Abuse was the fourth part of the workshop. The participants were asked what they perceived as being control and abuse in a relationship and to explore their ideas around its laws. Ideas around physical abuse often came up in the discussions however the indicators around coercive control less so. Examples of coercive control were then discussed, including checking up on a partner, constantly checking their social media, belittling a partner, telling them what to wear or who they can see, and controlling their money; and it was highlighted that either a male or female can be the abuser or the abused. Following this we read out a statement defining coercive control:

4'Coercive control is when a person with whom you are personally connected, repeatedly behaves in a way which makes you feel controlled, dependent, isolated or scared.'

A short video was watched, entitled ⁵'If You Could See Yourself' which showed some examples of coercive control and how they might escalate. It was discussed that these behaviours often start very subtly so the abused slowly accepts them as part of the abusers makeup or personality before starting to become more assertive and controlling.

The final part of the workshop focused on the subject of pornography. This included the laws around owning and sharing pornography, extreme pornography including bestiality, necrophilia and child pornography; what to do if such images or videos are shared with the young people; and the potential addictive implications of watching pornography. It was discussed how some young people use pornography as their sex education and that this can lead to unrealistic expectations particularly around copying what has been seen on screen with sexual partners.

The sessions were ended by thanking the students for their input and supplied them with information about the services available to them in Hull and the East Riding should they need advice or support for any of the areas covered in the workshop.

⁴ <https://gov.wales/this-is-control>

⁵ <https://www.youtube.com/watch?v=RzDr18UYO18>

Conclusion

Conclusion

Despite it being anticipated to be a taboo subject, our work has showed that with the right approach young people are willing to engage and talk about their thoughts and experiences.

This piece of work initially stemmed from concerns reported regarding the accessibility of services. However on exploring the services available, there does appear to be a range of services available with a variety of means of access. For those we surveyed who had accessed sexual health services, their experiences were largely positive, although there were some reports that they could be more accessible and less daunting.

There was a majority awareness of where to go for advice for STIs, and also how to access free contraception, however there is room for improvement in young people's awareness. Having more information about services, more access points, and earlier sexual health education were the areas that young people themselves thought could be improved.

In terms with wider attitudes towards sexual health, young people place a lot of trust in their friends for support; a group who may not have the factual answers to the questions about sexual activity or relationships. Parents and family members was the second highest place young people would turn to for advice, with around just 5% consulting the internet. Such statistics provide a useful insight when determining how it is best to raise awareness amongst young people.

As cited in the introduction, there are a number of media influences that steer towards a stereotype of the 'ideal body image' and it was clear from discussions that young people are exposed to such stereotypes. Young people feel social pressures to fit in, and questioned their own attractiveness and image compared to others. Despite feeling these pressures, many of the young people we spoke to were very aware of the many negative connotations of such pressures; citing the potential for eating disorders, body dysmorphia, steroid use, cosmetic surgery bullying, self-harming, and poor mental health as potential implications.

Despite reported insecurities around body image, there was quite a staggering high response of individuals who had been exposed to explicit pictures via text and online with 16% having sent an explicit picture, 41% having received one, and 55% knowing of someone else sending explicit content. Many young people told us that sexting was an everyday thing, and the case study in this report highlights how important that young people be educated on the implications of such activity and the laws surrounding it.

In addition to sexting, greater education and awareness is needed in relation to consent pornography and healthy relationships; and by the young people's own recommendation, these discussions need to take place earlier and before the behaviors have become common place.

Overall, the young people we worked with people were extremely forthcoming with their views and were open and willing to talk about what could be a sensitive subject, and were eager to learn more on each of the subject sections we discussed.

Recommendations

1. Local commissioners to facilitate the development of an accessible and appropriate information resource which details all services available to young people in relation to sexual health and other health and wellbeing needs. Healthwatch East Riding of Yorkshire would be willing to support in the development and engagement with young people on this.
2. CHCP to detail how they intend to adapt their communications strategy to improve young people's awareness and expectations of their sexual health services.
3. East Riding of Yorkshire Council to review their approach to sexual health education in schools with a view to determining if it is still appropriate to the digital and media pressures young people face, and the age that this education is needed.

Next Steps

This report presents the findings that emerged through our engagement. The recommendations that are provided, were led by the young people themselves, and are included to support decision making and the commissioning of services intended for them.

Under Healthwatch powers to produce reports and recommendations, commissioners and providers will have 20 working days from receipt to respond. Healthwatch East Riding of Yorkshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services. When published, the report along with responses to recommendations will be made available as a PDF download via the Healthwatch East Riding of Yorkshire website, and will also be available in hard copy upon request.

The report will be submitted for response to:

- East Riding of Yorkshire Council
- East Riding CCG
- City Health Care Partnership (CHCP)

The report will also be circulated to system partners for information and consideration in wider activity and development via the following:

- Health, Care & Wellbeing Overview & Scrutiny Committee
- East Riding Place Partnership
- East Riding Health & Wellbeing Board
- Healthwatch England

Partner's comments

City Health Care Partnership

Please see recommendations to improve communication following Health watch report.

Please note that during the current Covid pandemic our sexual health service has still been open to essential services.

- The sexual health service has recognised that young people are often very vulnerable and it has been vital that we have maintained our communication with them.
- Our outreach service have continued to have communication with other services that support young people to ensure they are aware of the referral pathways. Our associate practitioners have spent time ringing and visiting places where young and vulnerable people are, such as hostels and children's homes to ensure they are still keeping safe and their sexual and reproductive healthcare needs were met through the pandemic.
- We have used our social media platforms including twitter, Instagram and Facebook to give up to date and relevant information.
- We have still provided services across East Riding where young people have been booked into to have their care needs met.
- We are in the process of developing a new and easy to navigate website with a separate section for young people.
- We are in the process of completing a survey monkey to gain the feedback of young people. Questions cover where would they like to be seen and how would they like to be contacted.
- As part of the new East Riding contract we will offer a mobile unit. This unfortunately has been delayed due to Covid, but once up and running will be out and about across East Riding.
- We will be employing 2 full time community support workers to support the mobile unit. They will be in various locations on a weekly basis but also if there are events on for young people they will also be booked there to promote screening and contraception.
- As part of the engagement plan a questionnaire will be organised to gain young people's feedback for the mobile unit.
- We will be supporting schools and colleges with the RSE. We also support school nurses and other health care professionals to deliver the right information to young people or signpost them to our services.
- We also plan to work closely with other organisations across ER and work together with promotional events such as oral health, weight management, smoking services and events such as Pride

Acknowledgements

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- All members of the public who participated in the research both on a face to face basis and online through the Survey Monkey.
- East Riding College
- Conifer
- Tigers Trust
- Driffield Show
- East Riding Public Health Vehicle
- Withernsea Carnival

Appendices

Tea and Consent

<https://www.youtube.com/watch?v=pZwvrXVavnQ>

Would you stop yourself?

<https://www.youtube.com/watch?v=RzDr18UYO18>

This survey is anonymous. The information provided will be used by Healthwatch East Riding to gain an understanding of young people's experiences, views and thoughts. Our role is to ensure that the voices of those who use health and social services are listened to by those who plan and provide them.

What is the first part of your post code?

E.g. HU17 or HU5

What is your age?

13 & under 14-15 16-17 18+

Gender

Male

Female

Other

How would you describe your sexuality?

Straight?

Gay?

Bisexual?

Other? (Please state).....

How would you describe your ethnic origin?

White

Black

Asian

Mixed race

Other (Please state).....

Do you consider yourself to have a disability?

Yes No

When you need to talk about sex or sexual activity who are you most likely to speak to?

Parents

Brother/sister

Friends

School nurse

Consult the internet

I wouldn't feel comfortable speaking to anybody

Other (Please state).....

When you need relationship advice, who are you most likely to speak to?

Parents

Brother/sister

Friends

School nurse

Consult the internet

I wouldn't feel comfortable speaking to anybody

Other (Please state).....

Would you know where to go for condoms or other free contraception?

Yes No don't know

If Yes Please State

Would you know where to go for advice about STIs?

Yes No don't know

If Yes Please State

Have you ever sent an explicit picture of yourself via text/social media etc?

Yes No Rather not say

Have you ever received an explicit picture via text/social media etc?

Yes No Rather not say

Do you know a friend who has sent an explicit picture to someone else?

Yes No Rather not say

Have you ever been exposed to pornography?

Yes No Rather not say

If you have ever used a sexual health service what would your feedback be?

.....

.....

Do you have any views or ideas that you wish to share regarding the areas we have talked about today?

.....

.....

How did you find the session today?

Very useful. I learned/contributed a lot

Somewhat useful. I learned/contributed some things

Not at all useful. I didn't learn or contribute anything

Thank you for taking the time to complete the survey.



Contact us

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